

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18992

Registrar's No.

1347

LED JUN 12 1943

Registration District No.

Primary Registration District No.

6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Highway #40
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Arnold Frederick Hesskamp

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-07-2469

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased April 9 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Universal Match Co.

MOTHER FATHER { 12. Name Herman Hesskamp
13. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Julianna Nolle
15. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Verna Hesskamp
(b) Address 4234 Beck Ave., St. Louis
17. (a) Burial (b) Date thereof June 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director B. J. McDaniel
(b) Address 1936 N. 1st St. St. Louis
19. (a) JUN 9 1943 (b) B. J. McDaniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson (If outside city or town limits, write "RURAL") 96
(d) Street No. 122 Fermo Ave. (If rural, give location) 6
(e) Citizen of foreign country? (Yes or No)
If yes, name country 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Struck by lightning Duration _____

Due to Electrocution.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 096
(b) Date of occurrence June 6, 1943
(c) Where did injury occur? Highway #40
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place (Specify type of place)
While at work? _____ (e) Means of injury 3
23. Signature Louis H. Baffin (If brother)
Address Kirkwood, Mo. 6-7-43 Date signed _____

AUG 1 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Delix J. Krispian

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.